

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

## NOTICE OF RECEIPT

(Please print)

\_\_\_\_\_, a student enrolled in  
(Name of Student)

\_\_\_\_\_  
(Name of School) School

and parent, \_\_\_\_\_  
(Name of Parent)

hereby acknowledge by our signatures that we have received and read, or had read to us, the Madison County Board of Education Student Code of Conduct, to include the system’s policy on Harassment, Sexual Harassment, Section 504 of the Rehabilitation Act, the Individuals with Disabilities Education Act, Acceptable Use and Internet Safety Policy, Bring Your Own Technology (BYOT). Also, we have read and understand the Attendance Policy, and that it applies to any student enrolled in any grade in Madison County Schools. We understand that all policies apply to all students and parents in the public schools, to school campuses, school buses, or other school-owned/operated vehicles, and school-related activities and events.

Student Signature \_\_\_\_\_  
(Grades 5-12 ONLY)

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: Only students in grades 5-12 are to sign the above statement. If the student lives with both parents, both are to sign the statement. If the student lives with only one parent, only one is to sign.**

**A separate statement is to be signed for each student in the household.**

**Please sign this page and have the student return it to the school. Keep the Student Code of Conduct for future reference.**